

vical vertebra was depressed and gave marked crepitation on stretching the patient's neck and letting go of it; the spinous process of the fourth cervical vertebra was abnormally prominent: a distinct prominence could be felt in the pharynx. The head could not be held up without support and, when released, fell over to one side, if the boy was supported in a sitting posture, which had been allowed by his family. Weight extension by means of Glisson's apparatus and also by elevating the head of the bed was applied, and the bladder was emptied by catheter. The patient experienced relief within thirty-six hours after the extension was applied, and within forty-eight hours, four days after the accident, he was able to pass his water naturally; fifteen days later there was a marked improvement in the right side. After two months, he began to walk with crutches and had continued to improve up to date. His gait was still ataxic, while the left arm exhibited evidences of ulnar paralysis, especially the *main en griffe*; the extension of the hand on the arm was incomplete, and as soon as it was released, it at once recovered its former position. The muscles of the arm and forearm were atrophied, and their condition had been but slightly improved by massage and galvanism. No abnormality of outline was to be detected in the neck, the fracture being firmly consolidated while the irregularities observed in the projection of the spinous processes had been smoothed down by callus. No priapism, a symptom frequently described by authors, had been present.—*N. Y. Surgical Society*, April 27, 1887.

JAMES. E. PILCHER (U. S. Army).

CHEST AND ABDOMEN.

I. On a Case of Incision and Free Drainage of the Lung for Phthisical Cavities. By ARTHUR NEVE, F. R. C. S., Edin., (Kashmir). The case which the author has recorded is as follows: A young man, haggard and wasted to a degree, came under treatment for a violent cough and profuse expectoration which had persisted for a year. The expectoration amounted to a pint and a half or two pints in the twenty-four hours. It was tough, and in large, flocculent, purulent masses. Microscopically, it was swarming with bacilli. There

were cavities in the upper and anterior part of the right lung, while the base and most part of the left lung was fairly healthy. For nearly three weeks the patient was treated with cod-liver oil, tonics, eucalyptus and creosote spray and counter-irritation. No improvement followed, and pulmotomy was done. Chloroform having been administered, the author made an incision two inches long close to the right nipple, and resected a corresponding portion of the fourth rib with the periosteum attached. The pleural surface was firmly adherent. Thrusting his finger upwards and inwards in the direction of the cavities, the author discovered two small ones into which the finger penetrated. The tissues were hard, but friable—no cavities were opened on the axillary side, as it seemed likely that they would drain by the bronchi into the wound. A large sized drainage tube, six inches long, was passed into the lung, and the wound closed by a pad of gauze and a saw-dust bag. Hemorrhage was inconsiderable. Within two days the expectoration by the mouth was diminished to three or four ounces, and was no longer accompanied by the distressing cough of which the patient had complained. The wound was painful; it was daily washed out with corrosive sublimate solution and pure oil of eucalyptus was poured into the tube. This at first gave rise to cough, but was afterwards tolerated. The discharge from the tube was chiefly mucopurulent; at first bloody, later thick and tenacious, but progressively less so. The patient having complained, the drainage tube was removed about the fourth weeks, lest it should cause ulceration into the vessels of the lung. About seven weeks after the operation the improvement was striking, especially in the local signs. The chest around and above the wound was considerably contracted and sucked in. The sinus was freely open, and upon coughing some mucus was expelled from it. The apex of the left lung showed signs of breaking down. The expectoration was about ten ounces in twenty-four hours, but was chiefly clear and watery. His cough troubled him only in the morning; he slept and ate well and gained strength.—*Lancet*, Feb. 5 1887.

II. PERCY DUNN (London).